

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	JK		04-20-01
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	H-S	766	06-18-01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	6/18/01
2	2
3	1
4	1
5	N
6	✓
7	1
8	1
9	✓
10	1
11	✓
12	1
13	✓
14	✓
15	N
16	1
17	1
18	N
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Claim	Date
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
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EJW  
6/18/01

Best Available Copy